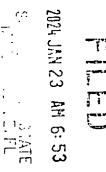


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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	ation of Jacksonville, Inc.	
739904 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
Mariam Feist		
	(Name of Contact Person)
Jewish Federation & Foundation of Northeast	Florida, Inc.	
	(Firm/ Company)	
8505 San Jose Blvd		
	(Address)	
Jacksonville, Ft. 32217		
	(City/ State and Zip Code	·)
patrickb@jewishjacksonville.org		
E-mail address: (to	be used for future annual report r	notification)
For further information concerning this matter,	, please call:	
Mariam Feist	904 at	-224-141C
(Name of Contact		ea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount t	nade payable to the Florida Depa	rtment of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee Certificate of \$		IS52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amend Division	Address ment Section n of Corporations entre of Tallahassee

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

Jewish Federation of Jacksonville, Inc.		2021. 14	- -
(Name of Corporation as currently filed with t	he Florida Dept. of State)		# 23 AH 6: 54
739904	·	S.,	پ ن ن کی کا ن کا
(Docu	ment Number of Corporation	(if known)	
Pursuant to the provisions of section 617.1006, Flamendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida N</i>	ot For Profit Corp	oration adopts the following
A. If amending name, enter the new name of t	he corporation:		
Jewish Federation & Foundation of Northeast Flo			
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nan	d "corporation" or "incorpo	orated" or the abbi	The nevertient "Corp." or "Inc."
B. <u>Enter new principal office address, if applic</u> Principal office address <u>MUST BE A STREET</u>	able: ADDRESS)		
		 	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		
			
			
. If amending the registered agent and/or regi	stered office address in Flo	rida, enter the na	ne of the
new registered agent and/or the new register			
Name of New Registered Agent:	Mariam Feist		
	8505 San Jose Blvd		-
New Registered Office Address:		(Florida street addre	ss)
	Jacksonville		32217
	(City)		, Florida (Zip Code)
ew Registered Agent's Signature, if changing F	Dagistoned &		
hereby accept the appointment as registered agen	t. I am familiar with and acc	cept the obligation.	s of the position.
	116-1-	_	
_	Signature of New Re	gistered Agent, if c	hanging

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John De V Mike Je SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) <u>*</u> Change Add	<u>P</u>	Halev Trager	7776 Mount Ranier Dr Jacksonville, FL 32256
Remove 2) * Change Add	<u>V</u>	Jennifer Plotkin	177 Legacy Crossing Dr Ponte Vedra, FL 32081
Remove 3) × Change Add Remove	<u>v</u>	Iris Kraemer	2651 Forest Circle Jacksonville, FL 32257
4) Change Add	<u>V</u>	Erik Rostholder	
 X Remove 5) Change Add Remove 			
6) Change Add			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

					
					
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	December 19, 20	23			
The date of each amendment(s) adopt date this document was signed.	ion:				_, if other than the
Effective date if applicable:	(no more than 90 da				
	(no more than 90 da	ivs after amendme	ent file date)		
Note: If the date inserted in this block d document's effective date on the Department	oes not meet the appli ment of State's records	cable statutory fil s.	ing requirements	s, this date will not b	oe listed as the
Adoption of Amendment(s)	(CHECK ONE)				

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Dated Signatu	(By the chairman or vice mairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Haley Trager

(Title of person signing)



Department of State

I certify the attached is a true and correct copy of the Articles of Amendment, filed on April 19, 2010, to Articles of Incorporation for JACKSONVILLE JEWISH FEDERATION, INC. which changed its name to JEWISH FEDERATION OF JACKSONVILLE, INC., a Florida corporation, as shown by the records of this office.

The document number of this corporation is 739904.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twentieth day of April, 2010

CR2EO22 (01-07)

Kart S. Produding Secretary of State